	у.				· ·	<u> </u>				· ·				
PATENT APPLICATION FEE DETERMINATION RECO								വ	Application or Docket Number					
Effective October 1, 1997														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMAL	L ENTITY		ОТН	ER THAN	
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	OR 7	RATE	L ENTITY FEE	
BA	SIC FEE		618 M							395.00	1_			
TOTAL CLAIMS			21	26 minus 20 =			• 6			66.00	I Ou		790.00	
IND	INDEPENDENT CLAIMS			9 minus 3 =			. 6			246.00		x\$22=	<del> </del>	
MULTIPLE DEPENDENT CLAIM PRESENT							1	x41=		OR	x82=	ļ		
* If the difference in column 1 is less than zero, enter "0" in column 2							+135=		OR	+270≃				
	CLAIMS AS AMENDED - PART II								TOTAL	707°°	OR	TOTAL	<u> </u>	
	(Column 1) (Column 2) (Column 3)							<u></u>	SMAL	L ENTITY	OR		R THAN L ENTITY	
AMENDMENT A	O.	CLAIMS REMAININ AFTER AMENDME			NL PRE	GHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 5	7	Minus	** 4	26	=		x\$11=		OR	x\$22=	18-	
	Independent	1	0	Minus	***	.9	= (		x41=		OR	x82=	70	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	/8-	
	(Column 1) (Column 2) (Column 3)								TOTAL ADDIT. FEE		OD	TOTAL		
AMEN		CLA	IMS	741	9	umn 2) HEST	(Column 3)	٦	ADDIT. FEE		On	ADDIT. FEE		
	6	REMA AFT AMEND	INING ER MENT		NU PREV	MBER NOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* d	8	Minus	**	20	= 6		x\$11=		OR	x\$22=	108	
	Independent	*	9	Minus	***	<u>3</u> _	= (e		x41=		OR	x82=8	468	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	,,,	
	× × × × × × × × × × × × × × × × × × ×	(Colun			(Coli	umn 2)	(Column 3)	A	TOTAL ADDIT. FEE		OR A	TOTAL DDIT. FEE	ba	
AMEN		CLAI REMAI AFTI AMEND	NING ER		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. /	1	Minus	** 6	76	=		x\$11=		OR	x\$22=		
	ndependent	· /	2	Minus	***	9	=		x41=		OR	x82=		
	FIRST PRES								+135=		OR	+270=		
**If th	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ADDIT. FEE  ADDIT. FEE													

FORM PTO-875 (Rev. 8/97)

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